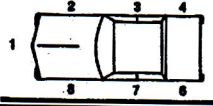
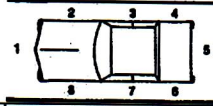


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 15-6687		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE		LOCAL FILE NO.			
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED			
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON				DATE OF CRASH: 4 35 15		DAY SAT		TIME: MILITARY 1450	
CRASH OCCURRED ON Goodwill, 1161 E. Main St., Lebanon, OH., 45036								WITHIN THE INTERSECTION OF					
IF NOT IN INTERSECTION ____ MILES ____ FEET W N E OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)								CITY CODE					
LOG-1		LOG-2		LOC JUR FH'9 FILT									
A UNIT NO.		NO OF OCCUPANTS		OPERATING <input checked="" type="checkbox"/>		PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Farm Bureau:8109580	
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Blanton, Henry						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 5117 North St., New Trenton, IN., 47035							
PHONE NO. 513-368-5189		BIRTH DATE m y		AGE M		SEX M		SOCIAL SECURITY NO.		STATE IN		DRIVER'S LICENSE NO. 892730966	
OWNER (IF SAME AS DRIVER, WRITE SAME) Same						ADDRESS						PHONE	
VEH YR		MAKE Buick		MODEL		COLOR		STYLE		STATE IN		LICENSE PLATE NO. BKL926	
TOWING SERVICE N/A		VEH/PED DIR FROM TO		CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	
FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE		UNIT NO. 8		NO OF OCCUPANTS		OPERATING <input checked="" type="checkbox"/>		PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON-CONTACT <input type="checkbox"/>	
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Pierce, Holly						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 45 Old Orchard Ln., Monroe, OH., 45050							
PHONE NO. 513-267-1187		BIRTHDATE m D y		AGE 40		SEX F		SOCIAL SECURITY NO.		STATE OH		DRIVER'S LICENSE NO. RT162525	
OWNER (IF SAME AS DRIVER, WRITE SAME) Same						ADDRESS						PHONE	
VEH YR		MAKE Saturn		MODEL		COLOR Blk		STYLE 4D		STATE OH		LICENSE PLATE NO. GMK4875	
TOWING SERVICE N/A		VEH/PED DIR FROM TO		CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input checked="" type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	
FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE		FROM UNIT NO. C		NAME (LAST, FIRST, MI)		BIRTHDATE m D y		AGE		POSITION A B C D E F		INJURIES A B C D E F	
ADDRESS		PHONE		SEX									
FROM UNIT NO. D		NAME (LAST, FIRST, MI)		BIRTHDATE m D y		AGE		SEX					
ADDRESS		PHONE		SEX									
FROM UNIT NO. E		NAME (LAST, FIRST, MI)		BIRTHDATE m D y		AGE		SEX					
ADDRESS		PHONE		SEX									
FROM UNIT NO. F		NAME (LAST, FIRST, MI)		BIRTHDATE m D y		AGE		SEX					
ADDRESS		PHONE		SEX									
A B C		INJURED TAKEN TO		By		A B C D E F		RESTRAINTS 1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		ALCOHOL A <input type="checkbox"/> YES <input type="checkbox"/> NO B <input type="checkbox"/> YES <input type="checkbox"/> NO TESTED			
D E F		INJURED TAKEN TO		By		A B C D E F		EJECTION A B C D E F		DRUGS A TESTED <input type="checkbox"/> YES <input type="checkbox"/> NO O TESTED <input type="checkbox"/> YES <input type="checkbox"/> NO			
A		OFFENSE CHARGED AND DESCRIPTION <input type="checkbox"/> ORC CITY ORD.		A B C D E F		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN					
O		OFFENSE CHARGED AND DESCRIPTION <input type="checkbox"/> ORC CITY ORD.		A B C D E F									
RECEIVED CALL		DISPATCHED 1455		ARRIVED 1456		CLEARED 1516		OTHER TIME 0		TOTAL MINUTES 00offoff			
DATE REPORT FILED m D y		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME Ptl. Crockett Brummett		BADGE NO. 111		CHECKED BY					
State Ptl-012		2/13/03											

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION